

JAN 20 2006

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/014,820
Filing Date	12/11/2001
First Named Inventor	Bertrand du Castel
Examiner Name	BHATIA, AJAY M
Art Unit	2145
Attorney Docket No.	40.0050

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal (500.00) and Petition of Extension of time (120.00)

Fees Paid (\$)

620.00

SUBMITTED BY

Signature	<i>Margaret Kelton</i>	Registration No. (Attorney/Agent)	44,182	Telephone	512 372 8440
Name (Print/Type)	Margaret Kelton	Date	January 20, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Multiple dependent claims			
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HP = highest number of total claims paid for, if greater than 20.			
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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SUBMITTED BY		Registration No. 44,182	Telephone 512 372 8440
Signature	Margaret Kelton	(Attorney/Agent)	Date January 20, 2006
Name (Print/Type) Margaret Kelton			

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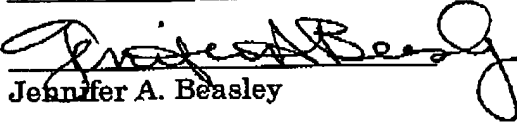
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CENTRAL FAX CENTER**ANDERSON & JANSSON, LLP**

JAN 20 2006

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Austin, TX 78759
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FACSIMILE COVER SHEET

To: US Patent & Trademark Off. FAX: 571 273 8300 Attn: Commissioner for Patents ART UNIT : 2145 Examiner: BHATIA, AJAY M. From: Margaret Kelton Reg. No. 44,182	Certificate of Transmission under 37 CFR 1.8 I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office (Fax No.: 571 273 8300) on <u>January 20, 2006.</u>  Jennifer A. Beasley
<u>In regard to:</u> Appl. No. : 10/014,820 Conf. No. : 1681 Applicant : CASTEL Filing Date : 12/11/01 Docket No. : 40.0050 Customer No. : 55922	This certificate applies to the following documents transmitted herewith: <ul style="list-style-type: none"> • Certificate of Transmission/Cover Sheet (this page) • Transmittal Form SB-21 (1 page) • Notice of Appeal Form SB-31 (1 page) • Petition for Extension of Time SB-22 & Copy (2 pages) • Fee Transmittal Letter SB-17 & Copy (2 pages) • Credit Card Form 2038 (1 page)
Total number of pages including this cover page	-- 8 --

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JAN 20 2006

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/014,820
Filing Date	12/11/2001
First Named Inventor	Bertrand du Castel
Art Unit	2145
Examiner Name	BHATIA, Ajay M
Attorney Docket Number	40.0050

ENCLOSURES (Check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input checked="" type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below):
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|---|---|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Anderson & Jansson, LLP		
Signature	<i>Margaret Kelton</i>		
Printed name	Margaret Kelton		
Date	January 20, 2006	Reg. No.	44,182

CERTIFICATE OF TRANSMISSION/MAILING

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Signature	<i>Jennifer A. Beasley</i>		
Typed or printed name	Jennifer A. Beasley	Date	January 20, 2006

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